



PTO/SB/04 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**SUPPLEMENTAL  
DECLARATION FOR UTILITY  
OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.67)**

Attorney Docket Number	ALRL03A
First Named Inventor	James Douglas McDonald
COMPLETE IF KNOWN	
Application Number	09/823,500
Filing Date	March 30, 2001
Art Unit	2631
Examiner Name	TSE, Young Toe

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIGITAL MODULATION SIGNAL RECEIVER WITH ADAPTIVE CHANNEL  
EQUALIZATION EMPLOYING DISCRETE FOURIER TRANSFORMS

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

03/30/2001

as United States Application Number or PCT International

Application Number 09/823,500

and was amended on (MM/DD/YYYY)

I hereby declare that the subject matter of the ☒ attached amendment ☐ amendment filed on was part of the invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/04 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: <b>40374</b>		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>James Douglas</b>		Family Name or Surname <b>McDonald</b>			
Inventor's Signature <i>James Douglas McDonald</i>				Date <i>Jan 18, 2005</i>	
Residence: City <b>Champaign</b>		State <b>Illinois</b>		Country <b>USA</b>	
Citizenship <b>USA</b>					
Mailing Address <b>Apartment Number 304</b>					
Mailing Address <b>2307 South First Street</b>					
City <b>Champaign</b>		State <b>IL</b>		ZIP <b>61820</b>	
Country <b>USA</b>					
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>Allen Le Roy</b>		Family Name or Surname <b>Limberg</b>			
Inventor's Signature <i>Allen Le Roy Limberg</i>				Date <i>JAN 24, 2005</i>	
Residence: City <b>Port Charlotte</b>		State <b>Florida</b>		Country <b>USA</b>	
Citizenship <b>USA</b>					
Mailing Address					
Mailing Address <b>1053 Kensington Street</b>					
City <b>Port Charlotte</b>		State <b>FL</b>		ZIP <b>33952</b>	
Country <b>USA</b>					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					